KHIE
KENTUCKY
HEALTH INFORMATION EXCHANGE

Monthly Update

OCTOBER 2026

From the desk of Rachael Roehrig, Deputy Executive Director of KHIE

We're officially in spooky season, but at KHIE we're committed to ensuring there are no scary surprises when you use our services. In fact, we have some exciting news that's anything but frightening: we are significantly ahead of schedule on our historical data migration project!

I'm thrilled to announce that we have now completed the upload of patient data from 2025 and 2024, with 2023 historical data having been completed just last week! This is well ahead of our target dates, with the migration of 2022 data beginning this week. This means that when you access patient information in the KHIE Portal, you're seeing a much more complete picture of your patients' health over the course of time.

This progress is only meaningful when users access it and put it to use. That's why I was delighted to see the interest in and engagement with our October 13th webinar! We had a great turnout and some fantastic questions and feedback in the chat. It is wonderful to see people using our tools and actively learning how they can get the most out of them. For those who couldn't attend the webinar, or would simply like to revisit the content, the recording and presentation are available to view on the KHIE website.

Rachael Roehrig

Deputy Inspector General

Miss our previous newsletters? No problem! You can find all previous editions of the KHIE Monthly Updates posted on our website that can be found here: https://khie.ky.gov/Resources/Pages/Newsletter-KHIE-Monthly-Update.aspx

Contents

From the desk of Rachael Roehrig, Deputy Executive Director of KHIE 1

October Feature: How KHIE Supports Proactive Care for Respiratory Health Season 3

Upcoming Events to Mark on Your Calendar 6

Recent KHIE Portal Enhancements 6

Clinical Information Application 6

Population Explorer / CEND 7

By the Numbers 8

»October Feature: How KHIE Supports Proactive Care for Respiratory Health Season

As respiratory illness season approaches, bringing increased cases of colds, influenza, COVID-19, and other viral illnesses, KHIE provides healthcare providers with valuable tools to support proactive patient outreach, strengthen preventive care efforts, and make more informed clinical decisions when patients need emergency care.

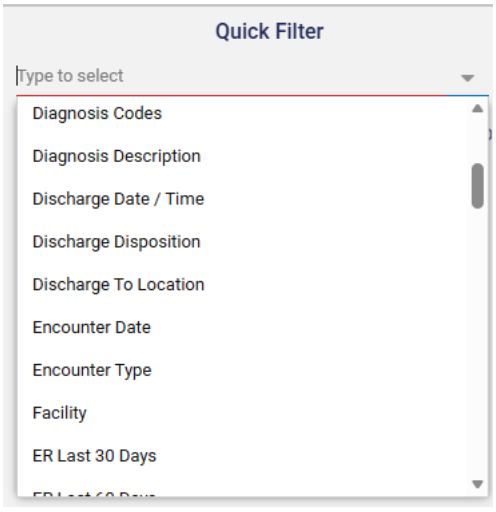
Identify and Engage High-Risk Patients with Population Explorer

As respiratory illness season approaches, KHIE's Population Explorer helps healthcare providers proactively identify patients who may be at greater risk for severe illness. By filtering patient populations, care teams can identify vulnerable patients, prioritize targeted outreach, and promote preventive care measures, including seasonal vaccinations. These capabilities support earlier intervention, improved care coordination, and a more proactive approach to protecting Kentucky's most vulnerable patients.

Patient panels are lists of patients associated with your healthcare organization or practice. Using these panels, KHIE's Population Explorer allows you to filter your patient population by specific characteristics, such as age, chronic conditions, and diagnoses, to easily identify your at-risk patients, create targeted outreach, and improve proactive care coordination.

To utilize your filtering tool, you can search your patients by diagnosis code or diagnosis description and run reports on patient populations, including:

- Aged 65+ (by selecting "Date of Birth, Before Date")
- Chronic lung disease (COPD, asthma)
- Chronic conditions such as heart disease, diabetes, kidney disease
- Pregnant women
- Recent hospitalizations



Your targeted list can also be exported as a spreadsheet, complete with patient contact information, making it easy to start your targeted outreach.

Using Population Explorer for Targeted Outreach: Example Use Case



Mr. Smith is a 67-year-old patient with chronic obstructive pulmonary disease (COPD). During flu season, respiratory infections often worsen his condition, leading to emergency department visits, hospital admissions, and the need for supplemental oxygen.

This year, his care team wanted to take a more proactive approach. Using KHIE's Population Explorer, they identified patients at increased risk of severe respiratory illness by filtering on factors such as COPD diagnoses, age 65 and older, and recent hospitalizations. Mr. Smith was among the patients identified.

Using this information, the care team conducted targeted outreach to encourage vaccination, assess symptom management, confirm medication adherence, and identify any unmet care needs before illness occurred.

By identifying and engaging high-risk patients earlier, providers can help improve chronic disease management, reduce avoidable hospitalizations, and keep patients healthier throughout respiratory illness season.

Better Emergency Care with KHIE's Clinical Information Application

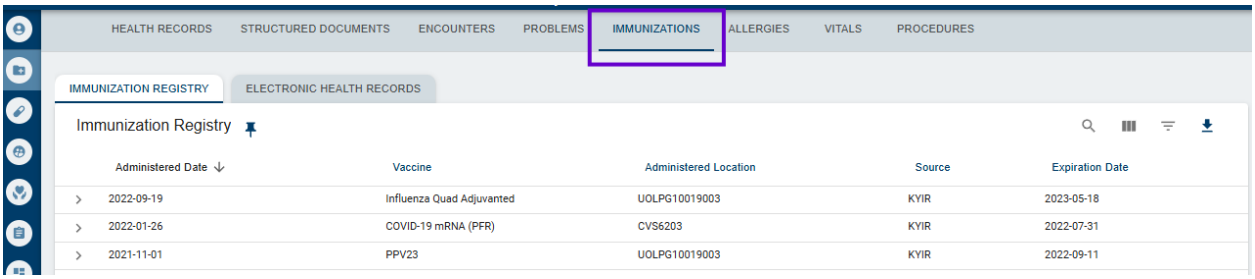
When patients arrive at an emergency department or urgent care facility with respiratory symptoms, particularly after hours, on weekends, or when immediate treatment is needed, timely access to their medical history can be critical.

KHIE's Clinical Information Application, available through the KHIE Portal, provides authorized healthcare providers with a consolidated view of available patient health information shared by participating healthcare organizations across Kentucky. This includes information such as previous diagnoses, medications, allergies, laboratory results, and clinical encounters, helping providers better understand a patient's medical history even when they have not previously treated them.

By making relevant clinical information accessible at the point of care, KHIE helps providers make more informed treatment decisions, reduce unnecessary duplicate testing, and support safer, more coordinated care when patients need it most.

Here providers can access information related to:

- Medication lists
- Allergies
- Immunization information
- Chronic conditions (asthma, COPD, heart disease, diabetes, chronic kidney disease)
- Recent care, including discharge notes
- Previous hospitalizations
- Care team contacts

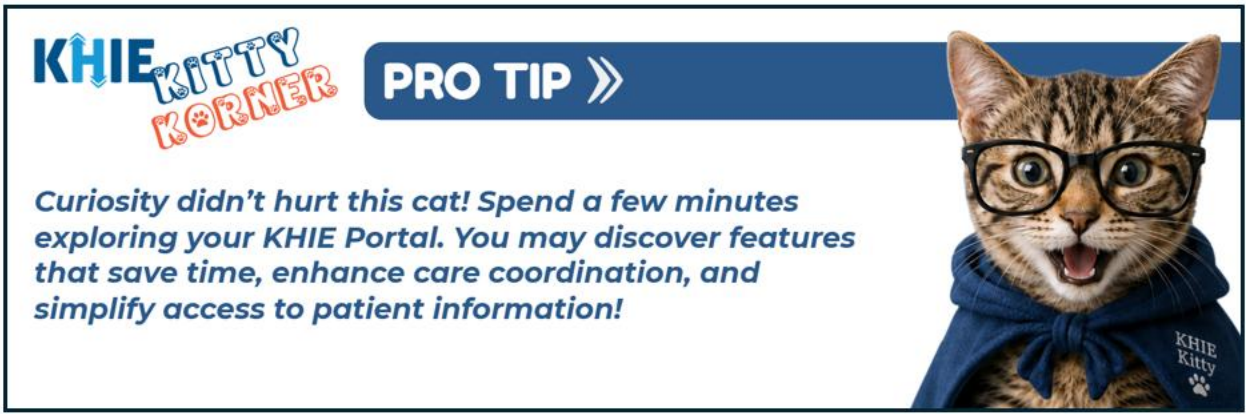


Clinical Information in the Emergency Department: Example Use Case



An 81-year-old woman arrives in the emergency department with a fever, a productive cough, and an oxygen saturation of 89%. She is confused and unable to reliably provide her medical history. Hospital records contain no clinical information on her beyond the triage notes. However, by accessing her record in the Clinical Information application in the KHIE Portal, the physician can see she was discharged twelve days ago from a hospital across the state, where she had been admitted for pneumonia. Because her sputum culture grew Pseudomonas resistant to fluoroquinolones, the physician orders anti-pseudomonal antibiotics and a respiratory viral panel. When the panel comes back positive for influenza, the physician begins oseltamivir and isolates the patient.

The 'Demographics' tab within the Clinical Information Application provides contact information for the patient's next of kin. Using this information, the physician contacts the patient's daughter, who helps confirm her mother's medical history, recent symptoms, and baseline mental status.



Upcoming Events to Mark on Your Calendar

Our next webinar will be held on **Thursday, December 10**, at 12:00 p.m. ET / 11:00 a.m. CT.



Join us for a year-end celebration of KHIE's 2026 achievements and learn about the enhanced functionality and processes now available to KHIE participants. We will also look ahead to what's coming up in 2027!

Please register for this webinar at this link:
https://crisphealth.zoom.us/webinar/register/WN_l2FztwAORoaVG2rSMLEz9Q

Use this form to submit your questions in advance of the webinar: KHIE Year in Review: 2026 Highlights and the Road Ahead – Fill out form

Recent KHIE Portal Enhancements

Clinical Information Application

- **App Bar UI Enhancements:** The app bar has been reorganized to improve usability and navigation. Now, users can easily access Priority Alerts, Feedback, the Glossary, and User Settings.



- **Care Team Column Name Update:** The "Provider" column has been renamed "PCP on File." This field displays the name of the patient's Primary Care Provider (PCP) recorded at the time of the visit to any organization.

Population Explorer / CEND

- **Communication of panel failure:** Panel Loaders will now receive notifications when one of their panels fails to load.

Progress Updates: Strengthening the Exchange

As part of our commitment to transparency and continuous improvement, the KHIE team is actively advancing several initiatives designed to strengthen the exchange and enhance the participant experience. These include:



- **Patient Matching Enhancements** – Collaborating with sister agencies to refine and improve patient identity matching and data accuracy across participating organizations. Our teams conducted research and a full analysis, identifying opportunities to leverage additional demographic data to improve patient match rates, reduce duplicate records, and strengthen data quality across the exchange. We anticipate incorporating these enhancements in the coming months.
- We recently identified and resolved an issue affecting the way immunization data is displayed in the KHIE Portal. Resolving this issue was our highest priority. **Immunization data now displays as expected.**

By the Numbers

Metrics for September 2026

ADTS	CCDs	Lab Results	Messages Total
23,207,455	1,193,620	2,793,498	27,194,573

ADT Interfaces

88 distinct sources submitted data for September.

Monthly Activity Snapshot: Participating Organizations by Type

Behavioral Health	32
Health System	24
Hospital	23
Long-Term Care	2
MCO	5
Other	137

KHIE Portal Logins

665 distinct users who logged in
16,070 distinct utilization clicks

Provisioned Users

3,711

Data Disclaimer: Metrics are reported at the primary organization level and may not reflect all individual Points of Care (POCs), facilities, locations, or affiliated entities associated within an organization. As a result, the data presented should be interpreted as a high-level health system view rather than a complete representation of all data feeds in the KHIE network across all associated Points of Care.